

State Health Improvement Plan Workgroup Meeting

September 16, 2015

3:00 – 4:30 PM

DOH participants met in TC1, room 264

Meeting Notes

Meeting Purposes:

1. Gather input on Healthiest Next Generation to influence the SHIP's long-term scope of work
2. Develop next steps and assignments to move into a SHIP implementation plan

Attendees: Torney Smith, Pamela Lovinger, Jan Olmstead, Marguerite Ro, Astrid Newell, Judy Hall, Daisye Orr, Sarah Chodakewitz, Megan Davis

3:00 Introductions – All

3:05 Daisye Orr gave an overview of the Healthiest Next Generation initiative, and referred to information posted [online](#).

Healthiest Next Generation (HNG) is a broad policy framework, addressing community level interventions. It is Governor Inslee's #1 health priority. It is built around information gleaned from an appreciative inquiry done 2 years ago around the state, by staff from the Dept. of Health, Dept. of Early Learning, and the Office of the Superintendent of Public Instruction (OSPI), to learn what was going well in local areas. It encompasses all of the work going on in communities, and focuses on clearing the path at all levels, removing roadblocks in communities, to both organizational and policy changes that are needed.

The HNG has a collaborative structure with a broad executive committee. It addresses both policies and programs, integrating and supporting efforts in homes, schools, and communities to improve the health of young people.

HNG is selecting a group of measures that are already in existence, including healthy weight; breastfeeding (a measure from PRAMS and a measure from Breastfeeding Friendly hospitals); bicycles; and safe routes to schools.

Daisye reviewed HNG's [Mid-Year Legislative Report](#) with the workgroup. She mentioned some of the recommendations from HNG that have been in the Governor's budgets, including in OSPI and transportation – water bottle filling stations; school recess structures; funding to upgrade school kitchens and improve food served.

Because HNG is a policy network using the socio-ecological model, it crosses over and addresses all three of the SHIP's long-term priorities, and addresses the near-term healthy weight goal. The near term goal of increasing local public health's participation in accountable communities of health is also supported by HNG because of the interventions that will be undertaken in some (or all) of those areas.

Torney asked whether HNG addresses social determinants of health and the 80/20 concept mentioned on page 3 of the SHIP. Daisye said it does, and gave the example of a recent Edge of Amazing Health Summit in Snohomish County, which included both the benefits of preventive care and chronic disease management.

To illustrate the power of improving health outcomes during childhood, Daisye mentioned that reducing a child's caloric intake by 40 calories is equivalent to reducing an adult's intake by 500 calories.

Astrid responded that adults are getting more funding and attention due to their cost to today's health care system, and we need to be brave, and invest in our children. HNG is one piece of that.

Daisye mentioned that HNG has a strong connection to the Governor's Interagency Council on Health Disparities.

Torney mentioned that in Spokane, they are investigating Pay for Success (bonds), and the challenge is that investors are looking for a measureable return within five years.

Jan told the group there is an attitudinal change among tribal youth. They want healthier policy changes to happen but they cannot yet influence that.

Daisye noted that Spokane is using academic achievement as a health metric, and Torney responded that it has grown into addressing pending homelessness (homeless using the definition that education has, which includes folks who are doubled-up with friends and family.)

Torney stressed the importance of assuring that the SHIP's contents are actualized.

Daisye observed that the SHIP and HNG both align with and reflect other efforts. HNG folded in several recommendations from other initiatives.

Judy commented that the SHIP deals with a complex issue, and there are large collaborative initiatives supporting moving the direction the SHIP calls for.

Daisye will share metrics with the workgroup, as they are developed by HNG. The group thanked here, and she left the meeting.

The group took a few minutes to discuss metrics. Cathy Wasserman's intern, Koneng Lor, is creating a table of metrics to review and find linkages and connections between the several bodies of work that are going on. Perhaps the SHIP workgroup needs to select 2-3 metrics to track and advocate for, in order to have influence. The collective impact model used in some initiatives such as Spokane's start with metrics and then gathers the efforts of many organizations to move a few needles the community has agreed are essential.

Judy asked if the workgroup can receive updates from HNG, Essentials for Childhood, and Plan for Improving Population Health to characterize the work called for in the SHIP.

Astrid noted it would be good to engage local public health more in the SHIP than we are so far.

Megan noted the SHIP is a statewide document.

Astrid acknowledged people are using the SHIP to help set priorities/agenda in local areas. She is unsure how the SHIP workgroup itself can actively work to move some needles.

Marguerite replied we would need resources behind a plan to do that. The SHIP sets priorities and influences, while the LHJs and ACHs are doing the active work.

Pam commented that resources are a touchy issue. The LHJ leaders responded very positively last September at the Secretary's Annual Meeting to the topics now embodied in the SHIP. The SHIP workgroup's role is one of influence, advocacy, and being ambassadors.

Marguerite said that we need an influence/network perspective. She suggested an influence map showing where the SHIP is being used, and who should know about the SHIP could lead to a work plan. Maybe we'd find out that we don't need more population measures.

Pam asked if we need measure to help us with the long term shift.

Judy mused that we might need different measures – looking at the reach of the SHIP, who is using it and how it is being used.

Marguerite replied that the SHIP workgroup's metrics are about our role as influencer.

Astrid said framing is good and added that we could use the SHIP in a more catalytic way, for example highlighting it through WSALPHO and making it a centerpiece of DOH's new Center for Public Affairs.

Torney stressed he also feels a need for some degree of metrics to show what we are trying to move toward. We need that to garner support from others.

Pam asked for direction from the group.

Marguerite suggested using Cathy Wasserman and Koneng Lor's crosswalk of indicators to help us understand where we are in the landscape, and suggested we select 2-3 other measures to highlight to both support LHJs and measure our influence.

4:15 Next steps:

Megan will

1. Ask Cathy Wasserman for her crosswalk
2. Get the Common Set of measures from the Healthier Washington initiative (especially regarding the third long term priority area)
3. Get the newest draft measures from Essentials for Childhood
4. Get any available metrics from HNG
5. Send all of that to the group before the next workgroup meeting.
6. She will set that up, and that meeting might be held in Wenatchee during the WSPHA Annual Meeting
7. In addition, Megan will set up a meeting with Pam, Torney, Judy, and Megan soon, to help prepare for the October meeting

Torney and Judy said that developing measures of reach/influence is also an important topic at that next meeting.

Marguerite said the concrete work of the SHIP is an important agenda item.

4:30 Adjourn